

**MVMC
ER/AMBULANCE/RADIO LOG SHEET
911 DISPATCH/SHERIFF'S DEPT. 843-5301**

Patient sticker

Date: _____ Page time: _____ Initials: _____

Description of Call: _____

Trauma Activation? Y N Time: _____ Who activated? _____

Reason(s) for activations: _____

EMS Responders: Paged or called

Name: _____	Time: _____	Responding? Y N	Called
Name: _____	Time: _____	Responding? Y N	_____
Name: _____	Time: _____	Responding? Y N	_____
Name: _____	Time: _____	Responding? Y N	_____
Name: _____	Time: _____	Responding? Y N	_____

Time of 2nd page: _____ Time of 3rd page: _____

Hospital Responders:

Time notified: _____ Time arrived or In House

Provider: _____	_____	_____	_____
Nurse on call: _____	_____	_____	_____
Lab: _____	_____	_____	_____
XR: _____	_____	_____	_____
CT: _____	_____	_____	_____
PAC: _____	_____	_____	_____
Chaplain: _____	_____	_____	_____
Others: _____	_____	_____	_____

Ambulance Report from scene: Number of Patients: _____

Patient # _____
 Triage Tag # _____ Tagged _____ in field _____ in hospital
 Time: _____ Male _____ Female _____ Age _____ ETA: _____
 Vitals: BP _____ Pulse _____ Resp. _____ O2sat. _____ **GCS** _____
 Report: _____

Ambulance Report enroute: Ambulance # _____

Time: _____ Male _____ Female _____ Age _____ ETA: _____
 Vitals: BP _____ Pulse _____ Resp. _____ O2sat. _____ **GCS** _____
 Report: _____

Continue on back...

Current weather conditions: On scene: _____
 MVMC: _____

Patient Transport Log:

Flight Request: _____ Helicopter _____ Fixed wing
 Requested by: _____ Time requested: _____
 Landing Zone: _____ Destination: _____

Flight calls: Flight time _____ minutes ETA _____ military time

Made to: _____ Time: _____ Yes _____ No _____
 Phone # _____ Spoke to: _____
 By: _____ Will call us back: Yes _____ No _____

Made to: _____ Time: _____ Yes _____ No _____
 Phone # _____ Spoke to: _____
 By: _____ Will call us back: Yes _____ No _____

Made to: _____ Time: _____ Yes _____ No _____
 Phone # _____ Spoke to: _____
 By: _____ Will call us back: Yes _____ No _____

Reasons for no response or delays in transfers:

Calls for receiving facility:

Made to: _____ Time called: _____
 Willing to receive: Yes _____ No _____ Receiving provider: _____

Made to: _____ Time called: _____
 Willing to receive: Yes _____ No _____ Receiving provider: _____

Made to: _____ Time called: _____
 Willing to receive: Yes _____ No _____ Receiving provider: _____

Calls for ground ambulance:

Made to: _____ Time called: _____
 Responding: Yes _____ No _____ ETA _____

Made to: _____ Time called: _____
 Responding: Yes _____ No _____ ETA _____

Made to: _____ Time called: _____
 Responding: Yes _____ No _____ ETA _____

Time left MVMC: _____